



**Service of Process Upon MVA as Agent for Non-Resident Driver**

This form may only be accepted at: MVA Investigations Division, Room # 53, 6601 Ritchie Highway, N.E., Glen Burnie, MD 21062, [serviceofprocess@marylandmva.com](mailto:serviceofprocess@marylandmva.com)

**Name & Address of Party Seeking Service**

**Attorney's Name & Address**

_____	_____
_____	_____
_____	_____

**Name of Court and Case Number**

\_\_\_\_\_ Court for \_\_\_\_\_ Case No. \_\_\_\_\_

Case Caption: \_\_\_\_\_

**Name & Address of Party to be served:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is this person a Non-Resident Driver?**

☐ Yes ☐ No

(MVA may accept only if party is Non-Resident Driver)

Is this case related to an accident or collision involving a motor vehicle driven by the Named Non-Resident Driver?

☐ Yes ☐ No

\_\_\_\_\_  
Date of Accident/Collision

(Must be on or after 10/1/08 for MVA to accept)

**Certification of Last Known Address**

The undersigned party, or party's attorney, requesting service of process on the MVA as the agent for the Non-Resident Driver does hereby certify under penalties of perjury that the above address is the last known address of the Non-Resident Driver.

\_\_\_\_\_  
Party/Party's Attorney

\_\_\_\_\_  
Date

**To be completed by MVA Investigations Personnel only**

- Is Service of Process (e.g., summons and complaint) paperwork complete? ☐ Yes ☐ No
- Has the top part of this form been completed and signed? ☐ Yes ☐ No
- Did the accident or collision occur on or after October 1, 2008? ☐ Yes ☐ No
- Is the person on whose behalf the party is seeking MVA to accept service a Non-Resident Driver? ☐ Yes ☐ No

If all answers are "Yes", indicate approval for Finance/Cashier to accept payment:

\_\_\_\_\_  
Authorized MVA Investigations Personnel (Print name and Sign)

\_\_\_\_\_  
Date

**To be completed by Finance/Cashier—Accept payment only if approval signed above**

Service of Process Fee (\$61) Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Finance/Cashier Signature \_\_\_\_\_

**To be completed by MVA Investigations Personnel only**

Service of Process Accepted: Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Authorized MVA Investigations Personnel (Print name & Sign)